

CITY OF SUGAR LAND

FORM PU-111F-2

REQUIRED INSURANCE PROVISIONS FOR DESIGNATED PROFESSIONAL SERVICE CONTRACTS

The Contractor shall comply with each and every condition contained herein. The Contractor shall provide and maintain, until the work covered in the contract is completed and accepted by The City of Sugar Land, the minimum insurance coverages as follows:

1. Commercial General Liability insurance at minimum combined single limits of \$1,000,000 per-occurrence and \$2,000,000 general aggregate for bodily injury and property damage, which coverage shall include products/completed operations (\$1,000,000 products/completed operations aggregate), and XCU (Explosion, Collapse, Underground) hazards. Coverage must be written on an occurrence form. Contractual Liability must be maintained covering the Contractors obligations contained in the contract.
2. Workers Compensation insurance at statutory limits, including Employers Liability coverage a minimum limits of \$500,000 each-occurrence each accident/\$500,000 by disease each-occurrence/\$500,000 by disease aggregate.
3. Commercial Automobile Liability insurance at minimum combined single limits of \$1,000,000 per-occurrence for bodily injury and property damage, including owned, non-owned, and hired car coverage.
4. Errors & Omissions coverage as follows:
 - a. Professional Liability with minimum limits of \$1,000,000.
 - b. This coverage must be maintained for at least two (2) years after the project is completed. If coverage is written on a claims-made basis, a policy retroactive date equivalent to the inception date of the contract (or earlier) must be maintained during the full term the contract.

PLEASE NOTE: The required limits may be satisfied by any combination of primary, excess, or umbrella liability insurances, provided the primary policy complies with the above requirements and the excess umbrella is following-form. The Contractor may maintain reasonable and customary deductibles, subject to approval by the City of Sugar Land.

Any Subcontractor(s) hired by the Contractor shall maintain insurance coverage equal to that required of the Contractor. It is the responsibility of the Contractor to assure compliance with this provision. The City of Sugar Land accepts no responsibility arising from the conduct, or lack of conduct, of the Subcontractor.

A Comprehensive General Liability insurance form may be used in lieu of a Commercial General Liability insurance form. In this event, coverage must be written on an occurrence basis, at limits of \$1,000,000 each-occurrence, combined single limit, and coverage must include a broad form Comprehensive General Liability Endorsement, products/completed operations, XCU hazards, and contractual liability.

With reference to the foregoing insurance requirement, Contractor shall specifically endorse applicable insurance policies as follows:

1. The City of Sugar Land shall be named as an additional insured with respect to General Liability and Automobile Liability.
2. All liability policies shall contain no cross liability exclusions or insured versus insured restrictions.
3. A waiver of subrogation in favor of the City of Sugar Land shall be contained in the Workers Compensation, and all liability policies.

CITY OF SUGAR LAND
FORM PU-111F-2

REQUIRED INSURANCE PROVISIONS FOR DESIGNATED PROFESSIONAL SERVICE CONTRACTS

4. All insurance policies shall be endorsed to require the insurer to immediately notify the City of Sugar Land of any material change in the insurance coverage.
5. All insurance policies shall be endorsed to the effect that the City of Sugar Land will receive at least thirty (30) days' written notice prior to cancellation or non-renewal of the insurance.
6. All insurance policies, which name the City of Sugar Land as an additional insured, must be endorsed to read as primary coverage regardless of the application of other insurance.
7. Required limits may be satisfied by any combination of primary and umbrella liability insurances.
8. Contractor may maintain reasonable and customary deductibles, subject to approval by the City of Sugar Land.
9. Insurance must be purchased from insurers having a minimum AmBest rating of A 7.

All insurance must be written on forms filed with and approved by the Texas Department of Insurance. Certificates of Insurance shall be prepared and executed by the insurance company or its authorized agent and shall contain provisions representing and warranting the following:

1. Sets forth all endorsements and insurance coverages according to requirements and instructions contained herein.
2. Shall specifically set forth the notice-of-cancellation or termination provisions to the City of Sugar Land.

Upon request, Contractor shall furnish the City of Sugar Land with certified copies of all insurance policies.

A valid certificate of insurance verifying each of the coverages required above shall be issued directly to the City of Sugar Land within ten (10) business days after contract award by the successful contractor's insurance agent of record or insurance company. The certificate of insurance shall be sent to:

City of Sugar Land
Attn: Purchasing Dept.
P.O. Box 110
Sugar Land, TX 77487-0110

Reduction or Waiver of Insurance Requirements

The City may at any time reduce or waive all or part of the insurance requirements established by this document for any contractor that has entered into an agreement with the City to provide the services for which this insurance applies, if the City determines that the reduction or waiver will not unreasonably expose the City to a risk of liability or loss. An authorized City representative must authorize any reduction or waiver of these insurance requirements in writing before the reduction or waiver is effective.

SAMPLE CERTIFICATE

ACORD CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YY) 06/19/2002	
PRODUCER Agency Software, Inc. 11101 Airport Road Hayden, ID 83835 (800) 342-7327			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED XYZ Engineering, Inc. 4321 Smith Houston, TX 77072 713-495-8798			INSURERS AFFORDING COVERAGE INSURER A: Selective Insurance Company INSURER B: Indemnity Insurance Company INSURER C: State Fund INSURER D: INSURER E:		
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	123456789	06/19/02	06/19/03	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$50,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				MED EXP (Any one person) \$5,000
B	AUTOMOBILE LIABILITY	234565460	06/19/02	06/19/03	PERSONAL & ADV INJURY \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				GENERAL AGGREGATE \$2,000,000
	<input type="checkbox"/> ALL OWNED AUTOS				PRODUCTS - COM/PROP AGG \$1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
C	HIRE AUTOS	WC5985614	06/19/02	06/19/03	BODILY INJURY (Per person) \$
	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	GARAGE LIABILITY				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
A	EXCESS LIABILITY	87456901	06/19/02	06/19/03	OTHER THAN EA ACC AGG \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
	<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$
	<input type="checkbox"/> RETENTION \$				\$ \$ \$ \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC5985614	06/19/02	06/19/03	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> E.L. EACH ACCIDENT \$500,000				
	<input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE \$500,000				
	<input type="checkbox"/> E.L. DISEASE - POLICY LIMIT \$500,000				
A	OTHER	87456901	06/19/02	06/19/03	\$1,000,000 each claim
	Professional Liability "Claims Made"				\$1,000,000 General Aggregate
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Certificate Holder is an additional insured. Waiver of Subrogation in favor of the Certificate Holder as required by written contract.					
CERTIFICATE HOLDER <input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: <input checked="" type="checkbox"/> CANCELLATION City of Sugar Land P. O. Box 110 Sugar Land, TX 77487-0110 Attn: Finance / Purchasing ACORD 25-S (7/97)					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL PROVIDE BY MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: <i>John Wiegman</i> © ACORD CORPORATION 1988					

Insurance Broker or Agent

Name of Insured must match the Contractor name in the contract

General Liability - Claims made or Modified Occurrence is not acceptable

Professional Liability coverage at the Limits shown must be provided.

This section must contain Additional Insured and Waiver of Subrogation endorsements as shown

Certificate Holder must be City of Sugar Land with proper address

Signed by the insurance company, insurance agent, or insurance broker only.

A minimum of 30 days written notice of cancellation or non-renewal must be provided.

Minimum acceptable AmBest rating for Insurers is A 7

The GL Each Occurrence and General Aggregate Limits must be at least as shown at left

The AL Combined Single Limit must total \$1,000,000 minimum

The totals in each box must be at least as shown and the WC Statutory Limits box must be checked

Current dates are required